Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: OLAS HOUSE (310624)

Address: 1320 W CAPITOL DR, MILWAUKEE, WI 53206

License Status: REGULAR

Licensed/Certified/Registered 08/01/1998

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095310 End Date: 07/18/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008822 Served 08/05/2005

Deficiencies Cited
83.18(1)(d)2Subject AreaVerified
OTHER INFORMATION REQUIRED IN RECORDCorrected
06/13/200683.32(3)SIGNING ASSESSMENT AND ISP06/13/2006No

Compliance

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For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN

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Survey ID: 0093932 End Date: 12/21/2004 Type: OTHER Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009057 Served 01/20/2005

		Compliance	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
13.05(2)	CLIENT PROTECTION	07/18/2005	Yes
83.11(3)(a)	RESPONSIBILITIES	05/18/2005	Yes
83.21(4)(o)	MEDICATIONS	07/12/2005	Yes
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT	07/18/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	07/18/2005	Yes
83.32(3)	SIGNING ASSESSMENT AND ISP	07/18/2005	No
83.33(2)(g)1	HEALTH MONITORING-COMMUNICABLE DISEASE	07/18/2005	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	07/18/2005	Yes
83.42(8)(b)	FIRE EXTINGUISHER	07/12/2005	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	07/18/2005	Yes
83.43(4)(b)1.c	IN EVERY CORRIDOR SMOKE DETECTOR	03/21/2005	Yes
83.51(3)(a)	SMOKE SEPARATION	07/05/2005	Yes

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Enforcement History

Date: 08/02/2005 SOD #10008822 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.32(3)

Date: 01/18/2005 SOD #10009057 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.11(3)(a)

FORFEITURE---83.11(3)(a)

FORFEITURE---83.32(1)(b)

FORFEITURE---83.32(3)

FORFEITURE---83.43(3)(b)1

FORFEITURE---83.43(4)(b)1.c

FORFEITURE---83.51(3)(a)

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Madison WI 53701-2969

Complaint History						
Date Complaint Received: 05/15/2006	Date Investigation Completed: 0	6/15/2006				
Subject Area(s) RESIDENT RIGHTS	Result NOT SUBSTANTIATED	<u>SOD #</u>				
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10009173				
Date Complaint Received: 05/23/2005	Date Investigation Completed: 07/18/2005					
Subject Area(s) SUPERVISION NUTRITION & FOOD SERVICES	Result NOT SUBSTANTIATED NOT SUBSTANTIATED	SOD#				
Date Complaint Received: 11/12/2004	Date Investigation Completed: 12/20/2004					
Subject Area(s) RESIDENT RIGHTS NUTRITION & FOOD SERVICES	Result SUBSTANTIATED NOT SUBSTANTIATED	<u>SOD #</u> 10009057				
ADMISSION, TRANSFER & DISCHARGE PROGRAM SERVICES	SUBSTANTIATED NOT SUBSTANTIATED	NOT RECORDED				
Date Complaint Received: 11/05/2004	Date Investigation Completed: 1	2/21/2004				
Subject Area(s) STAFF ADEQUACY	Result NOT SUBSTANTIATED	<u>SOD #</u>				
Date Complaint Received: 10/29/2004	Date Investigation Completed: 12/21/2004					
Subject Area(s)	Result	SOD#				
RESIDENT RIGHTS PROGRAM SERVICES	NOT SUBSTANTIATED SUBSTANTIATED	10009057				